

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

46676

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No.....
Primary Registration District No.....
St. Anthony's Hospital

File No.....
Registered No. 12470
St..... Ward)

2. FULL NAME Alvina Busiek

(a) Residence, No. 8312 Alabama St., / Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12, 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>3</u>	DAYS <u>6</u>
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mehlville
(STATE OR COUNTRY) Missouri

13. NAME Henry Weithop

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Lena Theiss

16. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Missouri

17. INFORMANT John Busiek
(ADDRESS) 312 Alabama Ave., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem. DATE Dec. 21, 1936

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
(ADDRESS) 814 S. Broadway, St. Louis, Mo.

20. DEC 21 1936 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1936 to November 18, 1936
I last saw h. is alive on November 18, 1936 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction (Intussusception) Date of onset 12/12/36

Other contributory causes of importance: Reaction of bowel

Name of operation Reaction of bowel Date of 12/13/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) V Roy C. Pappas, M. D.
(Address) 7702 Pappy

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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